

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 89809

START CARD # 192563

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number
Name MARY MCKENZIE
Address 1474 N.W. 57th
City Redmond State OR Zip 97756

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 243 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	27	Bentonite	0	27	28
8"	27	220				
6"	220	243				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing:	8"	0	27	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	20	220		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 220

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>20 plus</u>	<u>0</u>	<u>243</u>	<u>1 hr</u>

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any of the water not suitable for intended use? Yes No little
 Salty Muddy Odor Colored Other _____
Depth of water _____

(9) LOCATION OF WELL (legal description)
County DESCHUTES
Tax Lot 1500 Lot _____
Township 15 N or S 12 Range 12 E or W WM
Section 12 A NW 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 1474 N.W. 57th
Redmond, OR 97756

(10) STATIC WATER LEVEL
166 ft. below land surface. Date 1/14/09
166 ft. below land surface. Date 1/16/09
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
<u>168</u>	<u>215</u>	<u>20 plus</u>	<u>166</u>
<u>215</u>	<u>243</u>	<u>20 plus</u>	<u>166</u>

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>top soil</u>	<u>0</u>	<u>8</u>	
<u>Brown Sandstone R</u>	<u>17</u>	<u>17</u>	
<u>Brown Sandstone</u>	<u>17</u>	<u>21</u>	
<u>Gray Hard Lava</u>	<u>21</u>	<u>92</u>	
<u>Red sandstone</u>	<u>92</u>	<u>133</u>	
<u>Brown Sandstone</u>	<u>133</u>	<u>168</u>	
<u>Fine Brown Sand</u>			
<u>W.B</u>	<u>168</u>	<u>215</u>	<u>166</u>
<u>Course Brown Sand</u>			
<u>W.B</u>	<u>215</u>	<u>243</u>	

Date Started 1/14/09 Completed 1/16/09

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 570 Date 1/17/09
Signed [Signature]

RECEIVED

RECEIVED

FEB 04 2009

JAN 20 2009